FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. **NAME OF COMMITTEE** (in full)   (Check if name is changed)   Example: If typing, type over the lines.   **12FE4M5**

Born Fighting PAC

ADDRESS (number and street) ▼   607 14th Street, NW

(Check if address is changed)   Suite 800

Washington   DC   20005

CITY ▲   STATE ▲   ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ashleyflan@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

|___|___| - |___|___| - |___|___|___|

2. **DATE**   12   12   2006

3. **FEC IDENTIFICATION NUMBER** ▶   C

4. **IS THIS STATEMENT**   X   NEW (N)   **OR**   AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer   Kim Anderson

Signature of Treasurer   Kim Anderson   Date   12 / 12 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100
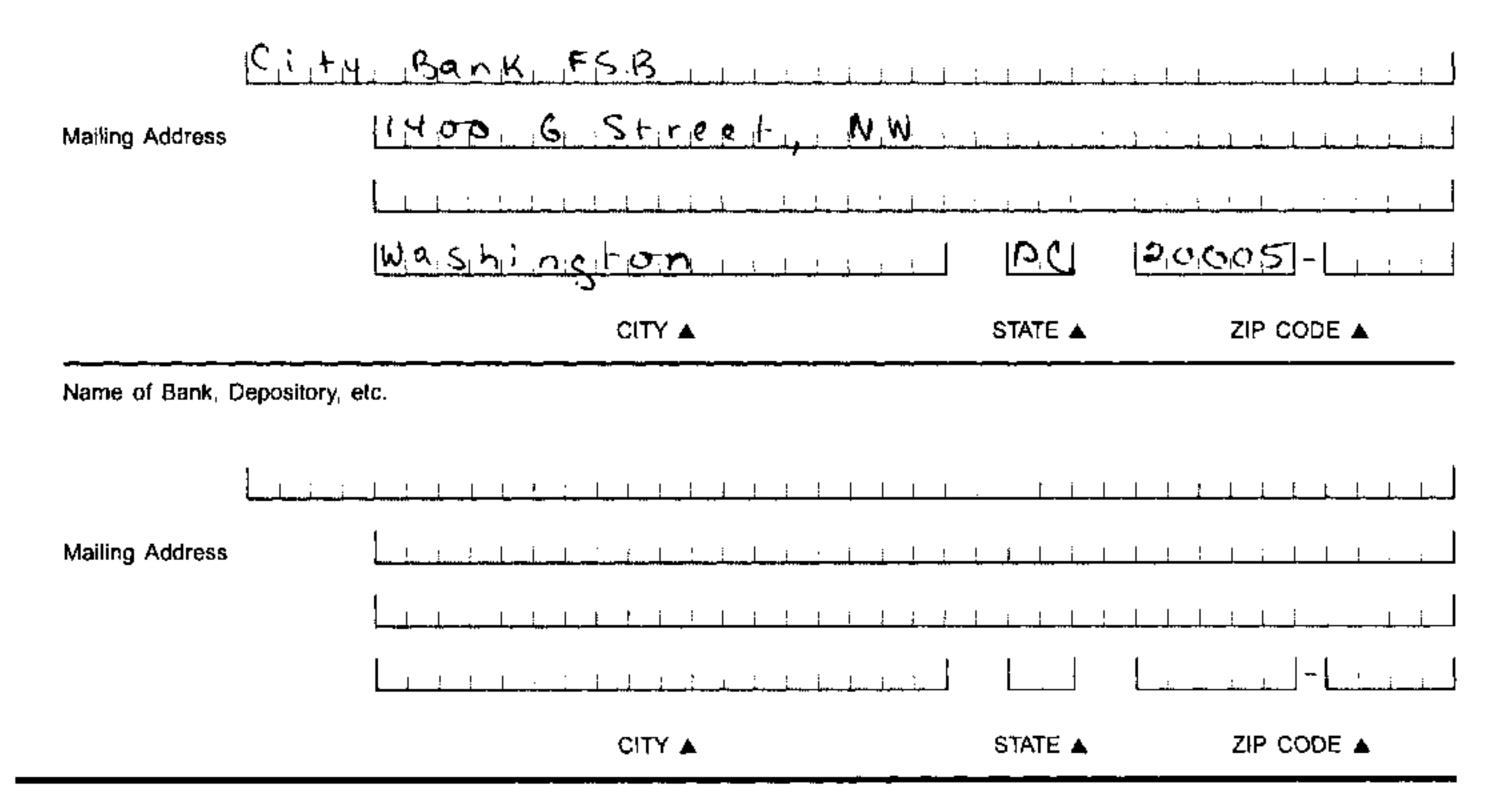
FEC FORM 1
(Revised 02/2003)

FE3AN042.PDF

5. TYPE OF COMMITTEE (Check One)

(a)   This committee is a principal campaign committee. (Complete the candidate information below.)

(b)   This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
Candidate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Candidate Party Affiliation | Office Sought: | House | Senate | President | State |
| | | | | | District |

(c)   This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(d)   This committee is a   (National, State or subordinate) committee of the   (Democratic, Republican, etc.) Party.

(e)   This committee is a separate segregated fund.

(f)   X   This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. **Name of Any Connected Organization or Affiliated Committee**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | |-| |

                                   CITY ▲   STATE ▲   ZIP CODE ▲

Relationship | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Type of Connected Organization:

         Corporation   Corporation w/o Capital Stock   Labor Organization

         Membership Organization   Trade Association   Cooperative

Write or Type Committee Name

Born Fighting PAC

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name   Kim Anderson

Mailing Address   Born Fighting PAC

426 C Street, NE

Washington   DC   20002 -

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

Treasurer   Telephone number |____| - |____| - |____|

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer   Kim Anderson

Mailing Address   Born Fighting PAC

426 C Street NE

Washington   DC   20002 -

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

Treasurer   Telephone number |____| - |____| - |____|

Full Name of
Designated
Agent

Mailing Address

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

Telephone number |____| - |____| - |____|

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

City Bank, FSB

Mailing Address

1400 G Street, NW

Washington   DC   20005 -

CITY ▲   STATE ▲   ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲   STATE ▲   ZIP CODE ▲

Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

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PREPARER   12/12/06   **DATE PREPARED**

(3/2005)